

2023-2024 Psychology Postdoctoral Residency Program

W.G. (Bill) Hefner Veterans Affairs Medical Center

Director of Training in Psychology

1601 Brenner Avenue

Salisbury, NC 28144

(704) 638-9000 ext. 13175 or 14570

www.salisbury.va.gov/services/psychology.asp



Applications Due: December 15

REQUIREMENTS FOR COMPLETION

Residents must meet minimum performance standards for completion of the Psychology Postdoctoral Residency at the W.G. Bill Hefner Veterans Affairs Medical Center. These include:

- A 2,080 hour residency year, including federal holidays, administrative leave, and no more than 208 hours of approved annual/sick leave.
- A rating of at least "Fully Successful" in all core competencies including: Diagnostic, Theoretical, and Conceptual Skills; Psychological Interventions; Psychological Assessment; Consultation, Evaluation, and Supervision; Strategies of Scholarly Inquiry; and Ethics/ Professional Behavior.
- Resolution of any Performance Improvement Plans (PIP).
- Completion of at least two hours of individual supervision per week.
- Completion of at least one hour of direct therapy observation (live, co-lead, or recorded) by each supervisor each semester.
- Submission of all supervision records and evaluations.
- Attendance to at least 75% of all scheduled didactic activities.
- Completion of at least 15 integrated psychological assessments.
- Completion of at least two EBP protocols (individual or group).
- Completion of a CVT experience in either individual or group format.
- Satisfactory completion of two case presentations (1 assessment and 1 therapy) to the Psychology Department.
- Satisfactory presentation of a didactic training and journal club to the Psychology Department.

LICENSURE

The residency program is designed to meet guidelines for psychology licensure in North Carolina. Our supervisors work with residents towards licensure in other jurisdictions as well. The resident is responsible for ensuring any licensure guidelines for the state of their choosing are met.

ACCREDITATION STATUS

The Residency in Clinical Psychology at the **W.G. (Bill) Hefner Veterans Affairs Medical Center (VAMC)** in Salisbury, NC, has been fully accredited by the Commission on Accreditation of the American Psychological Association (APA) since 2012. We recently completed an APA site visit in 2017 and were accredited for 10 years. The Salisbury VA Health Care System abides by all APA guidelines and requirements in the selection and administration of post-doctoral residents. APA can be contacted at:

American Psychological Association
750 First Street NE
Washington, DC 20002-4242.
(202) 336-5979 or (202) 336-5500

SELECTION PROCEDURES

ELIGIBILITY

A candidate for the W.G. (Bill) Hefner VAMC Psychology Residency Program must:

- Be a U.S. citizen.
- Complete an APA-accredited clinical or counseling psychology program prior to the residency start date.
- Complete an APA-accredited internship prior to the residency start date.
- Complete their dissertation prior to the residency start date.
- Highly regarded candidates have supervised experience with clinical interviewing, objective psychological assessment, brief and long-term psychotherapy with a number of populations, and experience in academic writing.
- Additional eligibility requirements: www.psychologytraining.va.gov/eligibility.asp

Interested individuals who meet eligibility criteria should submit the following application materials on APPA CAS. All application materials are **due by December 15**:

- The APPA CAS Application for Psychology Residency.
- A cover letter indicating intent to apply to the residency program and training interests.
- A Curriculum Vitae.
- Official graduate transcript(s).
- A minimum of three letters of reference (at least one from an internship supervisor).

As an equal opportunity training program, the residency welcomes and strongly encourages applications from all qualified candidates regardless of race, ethnicity, religion, sexual orientation, disability, or other diversity status.

INTERVIEWS

Written application materials are reviewed upon receipt. Applicants are advised by January 5 as to their interview status. Interviews are only conducted virtually or by phone in February. We offer opportunities to meet additional staff and speak with our current residents. Please be sure to indicate a daytime telephone number in your application materials so you can be reached to schedule an interview. The Co-Training Directors' telephone numbers are (704) 638-9000 extension 13175 for Dr. Brandon Bryan and extension 14570 for Dr. Holly Miskey. Inquiries may also be made via e-mail to either of the Co-Training Directors at: Brandon.Bryan@va.gov or Holly.Miskey@va.gov

SELECTION

The Salisbury VAMC Psychology Residency Program complies with all APPA CAS guidelines in the recruitment and selection of residents. Those accepted are contacted by email regarding rotation assignments. They begin the residency program in August, completing 2080 hours over a 12-month period. A resident's start date may be changed based on the candidate's internship completion date.



THE SALISBURY VAMC PSYCHOLOGY SETTING

The Salisbury VAMC continues to see Veteran enrollment growth each year. In FY 2021, the medical center provided over 800,000 outpatient visits to over 90,000 unique Veterans. This is a 21% increase in the number of outpatient visits and greater than 10% increase in number of unique Veterans from the prior year. Patient demographics are reflective of the areas served, including Charlotte, Salisbury, and Kernersville, NC. North Carolina Census data (2017) revealed that the approximate population diversity by race is 21 percent African American/Black, 1 percent American Indian, 2 percent Asian, 8 percent Hispanic or Latinx, and 68 percent White. Current SVAHCS Veteran demographics reveal that the population served is approximately 30 percent African American/Black, 0.4 percent American Indian, 0.3 percent Asian, 0.4 percent Pacific Islander/Hawaiian, 6 percent unknown/declined and 63 percent White. The majority of Veterans served are male, but the female patient population is growing rapidly at 11% of new enrollees.

The Salisbury VAHCS is a designated "Mental Health Center of Excellence" and "Center of Excellence for Geriatrics." This resulted in over \$18 million for additional outpatient and inpatient mental health services. Outpatient services include a general Mental Health Clinic and specialized programs for Primary Care Mental Health Integration (PCMHI), Home-Based Primary Care (HBPC), Military Sexual Trauma (MST), combat trauma, neuropsychology, cognitive rehabilitation, marriage and couples therapy, Clinical Video Telehealth (CVT), suicide prevention, and psychosocial rehabilitation. Inpatient services include acute (21 bed) and chronic (20 bed) psychiatry, long- and short-term care for elderly and disabled (120 bed), hospice (12 bed), a residential combat PTSD program (23 beds), and a residential substance abuse treatment (35 beds). Our services have greatly expanded in recent years with the construction of the palliative care center in 2013 and inpatient psychiatric facility in 2014 and the ongoing renovations for our outpatient facilities. Two new HCCs (Health Care Centers) have been constructed in Charlotte and Kernersville. The Psychological Testing Center includes computerized assessment packages, remote test administration options, statistical software, PC-based assessment and interpretive programs, and a wide assortment of state-of-the-art psychological and neuropsychological testing equipment.

The Salisbury VAMC employs over 3,000 persons of various disciplines. The Mental Health and Behavioral Sciences (MH&BS) department currently consists of over 200 total staff including over seventy doctoral level psychologists, two psychometrists, and one secretarial support staff. Our trainees regularly mention that it was the genuinely warm and supportive environment that attracted them to Salisbury and many decide to stay; approximately 1/3 of our staff are former trainees. The Department promotes a collegial atmosphere through regular social events.

The Salisbury VAHCS places a heavy emphasis on training and research for future health care providers. We have had an academic affiliation with Wake Forest School of Medicine since 2005 and with the Edward Via College of Osteopathic Medicine (at Virginia Tech University) since 2006. Each year, hundreds of psychologists, psychiatrists, social workers, nurses, and other disciplines receive training at our facility. In addition to our six psychology predoctoral interns, we have four psychology practicum students and four post-doctoral fellows; two in our APA accredited Clinical Psychology Post-Doctoral Fellowship and two in our two-year MIRECC Post-Doctoral Fellowship with a Neuropsychology focus. Abundant resources exist to support training at the Salisbury VAHCS. Shared, comfortable office space and individual workstations with dual monitors are available for each intern. To protect our trainees during the COVID-19 outbreak, VA-issued laptops and individual workspaces or telework options have been provided.

Abundant resources exist to support training at the Salisbury VAMC. Shared, comfortable office space and individual access to the Computerized Patient Record System (CPRS) as well as intranet and internet services are provided. To protect our current trainees during the COVID-19 outbreak, VA-issued laptops and individual workspaces or telework options have been provided. The psychological testing center includes computerized assessment packages, statistical software, PC-based assessment and interpretive programs, and a wide assortment of state-of-the-art psychological and neuropsychological testing equipment.

The Research and Academic Affairs Service Line (R&AA) is a vital resource for the medical center. The Medical Library provides access to a wide variety of health care related periodicals utilizing online databases such as PubMed, PsychARTICLES, PsycBOOKS, PsychiatryOnline.org, PsychINFO, PsycTESTS, PILOTS, VA Library Network (VALNET), and others. Hundreds of digital textbooks, including the *DSM-5* are available from each desktop. Additional resources are available through interlibrary loan programs. R&AA provides live satellite programs daily via closed circuit monitors throughout the medical center, making access extremely convenient. Programs are also recorded for those unable to attend. Borrowing privileges and extensive use of computerized library search services are available from the Salisbury VAMC and Wake Forest Libraries.



TRAINING MODEL AND PROGRAM PHILOSOPHY

The Post-Doctoral Psychology Residency Program at the Salisbury VAMC is committed to preparing new graduates for entry-level generalist practice in professional psychology. This does not preclude Residents from selecting a focus area and choosing rotations to promote a specialization, such as trauma. The training occurs in an intellectually challenging and professionally nurturing environment.

The philosophy of our residency program is that advanced clinical skills, with a foundation in evidence-based practice, form the foundation for competent, independent, professional functioning as a psychologist. Residents provide direct clinical care to Veterans, participate in and lead interdisciplinary teams, and teach others.

The Clinical Psychology Residency Program's overarching purpose is to produce new practitioner-scholars who have the requisite knowledge and skills for advanced independent practice of professional psychology within a variety of clinical and academic settings.

PROGRAM AIMS & COMPETENCIES

The postdoctoral Residency has the following aims, with the listed competencies and definitions of how these competencies are evaluated:

AIM #1: To produce psychologists with advanced skills in psychological assessment and diagnosis.

A. Competencies:

1. The Resident is familiar with a diverse range of psychological theories and models.
2. The Resident considers multiple perspectives as well as diversity issues in assessment and diagnosis.
3. The Resident knows and applies empirically-supported assessment and diagnostic procedures in psychological practice.

B. Evaluation of Competencies:

1. Demonstrates knowledge of empirical support for procedures employed in psychological assessment.
2. Demonstrates skills in diagnostic interviewing; establishes appropriate relationships and elicits relevant information.
3. Demonstrates skill in observing behavior and incorporating this observational data.
4. Demonstrates the necessary skills and abilities to assess the extent to which patients are potentially dangerous to themselves or others.
5. Demonstrates the ability to select appropriate tests, techniques, or procedures to aid in psychological assessment when indicated.
6. Demonstrates the ability to adapt assessment approaches to the needs of special populations or culturally diverse patients.
7. Demonstrates the ability to administer, score and interpret psychological tests according to standardized protocols.
8. Demonstrates the ability to integrate interview, observational, historical, and psychological test data in a clear and coherent fashion.
9. Demonstrates proficiency in the preparation of written reports. Provides clear, concise and useful information in accordance with professional and organizational standards.

AIM #2: To produce psychologists with advanced skills in psychological interventions.

- A. Competencies:
 - 1. Considers multiple perspectives in treatment.
 - 2. Conceptualizes presenting problems using these theories to guide clinical interventions.
 - 3. Applies empirically supported interventions in psychological treatment.
- B. Evaluation of Competencies:
 - 1. Demonstrates a well-developed theoretical/conceptual foundation for understanding behavior and guiding interventions.
 - 2. Integrates relevant data into a meaningful and coherent conceptualization and can develop strategies or interventions based on this conceptualization.
 - 3. Demonstrates knowledge of formal diagnostic categories (i.e. DSM-5) and the ability to apply these schemas to individual patients.
 - 4. Demonstrates knowledge of empirical support for psychological intervention procedures employed.
 - 5. Develops appropriate short-term and long-term treatment plans.
 - 6. Demonstrates the ability to adapt interventions to the needs of special populations or culturally diverse patients.
 - 7. Establishes effective working relationships; is aware of and makes use of process and interactional factors in the relationship.
 - 8. Demonstrates the ability to handle crisis situations with clients.

AIM #3: To produce psychologists with advanced skills in consultation, supervision, and teaching.

- A. Competencies:
 - 1. Functions as an integral member of multidisciplinary teams.
 - 2. Provides informed psychological consultation to other mental health and medical professionals.
 - 3. Knows when to pursue formal and informal supervision and how to integrate the information.
- B. Evaluation of Competencies:
 - 1. Demonstrates an understanding of the team treatment process, including both the role of the psychologist and the role of the other disciplines on the multidisciplinary team.
 - 2. Demonstrates effective communication with other members of the treatment team and makes appropriate contributions to the team treatment process.
 - 3. Responds to consultation requests in a timely and appropriate manner.
 - 4. Utilizes formal and informal supervision to enhance and expand professional competence.
 - a. The Resident provides monthly peer supervision to six APA accredited interns.
 - b. The Resident takes a lead role in delivering psychological services with residents and other staff (i.e. MCFT, groups, and assessments.)
 - 5. Understands how their own personality and life experiences affect the therapeutic relationship.
 - 6. Is aware of limits of their own competency and seeks appropriate consultation and/or refers appropriately
 - 7. Presents psychological concepts in an approachable and informative manner to professionals, paraprofessionals, students, and lay persons using diverse methods.
 - a. The Resident leads a career development panel for interns.
 - b. The Resident completes two case presentations.

AIM #4: To produce psychologists with advanced skills in scholarly inquiry.

- A. Competencies:
 - 1. Conceptualizes, designs, and implements research designs.
 - 2. Reviews research areas compatible with scholarly inquiry.
- B. Evaluation of Competencies
 - 3. Demonstrates competence in critically reviewing and synthesizing existing research.
 - 4. The Resident participates in a weekly didactic presentation.
 - 5. The Resident participates in bi-weekly Neuropsychology seminars.
 - 6. The Resident attends AHEC presentations that fit the Resident's specific training goals as agreed upon with the Primary Supervisor.

AIM #5: To produce psychologists with advanced skills in organization, management, administrative, ethical, and diversity issues related to psychological practice, training, and research.

- A. Competencies: Attends to and responds to facility and departmental organization and management requirements in a timely manner.
- B. Evaluation of Competencies:
 - 1. Demonstrates knowledge of and behavior consistent with APA ethical guidelines.
 - 2. Demonstrates knowledge of and behavior consistent with VA policy and relevant statutes regulating professional practice.
 - 3. Complies with departmental and facility organization and management requirements in a timely manner.
 - a. The Resident attends monthly departmental staff meetings.
 - b. The Resident completes institutional training regarding professional conduct in the VA system on time.
 - 4. Consistently demonstrates sensitivity to individual and cultural differences and diversity issues in all activities.
 - a. The Resident's weekly supervision sessions include attention to cultural and individual diversity; sensitivity to issues is assessed in supervision.
 - b. The Resident's weekly didactics include a focus on cultural and individual diversity.
 - c. The Resident attends diversity-specific seminars.
 - 5. Develops a professional identity that allows application of the practitioner-scholar model.
 - 6. Maintains appropriate relationships with supervisors, peers, support staff, and other members of other professional disciplines.
 - 7. Maintains timely and appropriate records and documentation consistent with professional and organizational standards.

PROGRAM STRUCTURE

Residents complete a 2,080 hour residency year Residents select a specialty focus for the year in areas such as trauma, SMI, dual diagnosis, geriatrics, residential care, and others. Each semester, residents spend approximately half their clinical time in a primary rotation in this specialty area.

Specialty	Potential Rotations
General Mental Health	Behavioral Health Interdisciplinary Program (BHIP)
Crisis Interventions	Primary Care Mental Health Integration (PC-MHI) Acute/Chronic Psychiatry Inpatient Suicide Prevention
Serious Mental Illness	Acute/Chronic Psychiatry Inpatient Psychosocial Rehabilitation Recovery Center (PRRC) Suicide Prevention
Trauma	PTSD Clinical Team (PCT) Military Sexual Trauma (MST) PTSD-RRTP
Residential Care	Geropsychology PTSD-RRTP SA-RRTP
Dual Diagnosis	Substance Abuse Services (SAS) SA-RRTP Acute/Chronic Psychiatry Inpatient
Geriatrics	Geropsychology Home-Based Primary Care (HBPC) Psychological Assessment (cognitive/capacity evaluations)

Each semester residents also have secondary rotations which are determined in consultation with supervisors and the Training Directors. Secondary rotations are designed to address relative clinical skill weaknesses as well as improve skills in residents' particular clinical interest area. Secondary rotations can be selected as one major (16-hours per week, one semester), two minor (16-hours per week, one quarter), or two half-time (8-hours per week, one semester) rotations. Please note, not all training opportunities are available in all of these combinations and not all rotations are available at all three sites. See the table below for further information.

In all rotations the clinical experiences focus on the resident's training needs rather than on clinical service delivery. Residents provide short and long term individual, couples, and group psychotherapies throughout the year utilizing the latest evidenced based practices (EBPs) with patients with diverse psychopathology. Assessment competencies are met through psycho-diagnostic, capacity, neuropsychology, and pre-organ transplant evaluations of which residents complete at least 15 integrated reports. Interdisciplinary teams and consulting is integral to our training model and residents fully participate in these processes. Supervision is provided by supervisors within each rotation.

Sample Residency Option #1: 2 Major Secondary Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Primary Clinical	Speciality Training Focus (~12-16 hrs/wk, including 1 hour of individual supervision)											
Secondary Clinical	Major Secondary Rotation #1 (~12-16 hrs/wk, 1 hour of supervision)						Major Secondary Rotation #2 (~12-16 hrs/wk, 1 hour of supervision)					
Didactics	Neuropsychology Seminar Series, Neuroanatomy Seminar Series, Diversity Video Teleconference, AHEC Trainings, other Didactics, and Group Supervision (4 hrs/wk)											

Sample Residency Option #2: 1 Major and 2 Minor Secondary Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Primary Clinical	Speciality Training Focus (~12-16 hrs/wk, including 1 hour of individual supervision)											
Secondary Clinical	Major Secondary Rotation #1 (~12-16 hrs/wk, 1 hour of supervision)						Minor Secondary Rotation #2 (~12-16 hrs/wk)			Minor Secondary Rotation #3 (~12-16 hrs/wk)		
Didactics	Neuropsychology Seminar Series, Neuroanatomy Seminar Series, Diversity Video Teleconference, AHEC Trainings, other Didactics, and Group Supervision (4 hrs/wk)											

Sample Residency Option #3: 1 Major and 2 Minor Secondary Rotations

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Primary Clinical	Speciality Training Focus (~12-16 hrs/wk, including 1 hour of individual supervision)											
Secondary Clinical	Major Secondary Rotation #1 (~12-16 hrs/wk, 1 hour of supervision)						Half-Time Secondary Rotation #2 (~7-8 hrs/wk)					
							Half-Time Secondary Rotation #3 (~7-8 hrs/wk)					
Didactics	Neuropsychology Seminar Series, Neuroanatomy Seminar Series, Diversity Video Teleconference, AHEC Trainings, other Didactics, and Group Supervision (4 hrs/wk)											



TRAINING EXPERIENCES

Training Rotation	Major 16 Hrs/Wk 1 Semester	Minor 16 Hrs/Wk 1 Quarter	Half-Time 8 Hrs/Wk 1 Semester	SBY	CVC	KER
Behavioral Health Interdisciplinary Program	Yes	Yes	Yes	Yes	Yes	Yes
Home-based Primary Care	Yes	Yes	No	Yes	Yes	Yes
Whole Health	Yes	Yes	Yes	Yes	Yes*	Yes
Neuropsychology	Yes	No	No	Yes	Yes	No
Cognitive Rehabilitation	No	No	Yes	Yes	No	No
Geropsychology	Yes	Yes	Yes	Yes	No	No
Primary Care Mental Health Integration	Yes	Yes	No	No	Yes	Yes
Acute/Chronic Psychiatry	Yes	Yes	Yes	Yes	No	No
Psychosocial Rehabilitation Recovery Center	Yes	No	No	Yes	No	No
Trauma Services						
PTSD Clinical Team	Yes	No	Yes	Yes	Yes	Yes
Military Sexual Trauma	Yes	No	Yes	Yes	Yes	No
Virtual IOP for PTSD	Yes	Yes	No	Yes	No	No
PTSD Residential	Yes	No	No	Yes	No	No
Addiction and Recovery						
Substance Abuse Services	Yes	Yes	Yes	Yes	Yes	Yes
Substance Abuse Residential	Yes	Yes	Yes	Yes	No	No
Telemental Health Hub Program	No	No	Yes	No	Yes	No
Suicide Prevention	No	Yes	Yes	Yes	Yes	Yes
Psychological Assessment	Yes	No	Yes	Yes	Yes	Yes

Note. SBY = Salisbury main campus; CVC = South Charlotte Health Care Center; KER = Kernersville Health Care Center.

*WH is available at the Charlotte Community Based Outpatient Clinic.



ROTATIONS

- **Behavioral Health Interdisciplinary Program (BHIP)**
 - Available at the main Salisbury campus or in either of our large Health Care Centers (HCCs) in Charlotte or Kernersville.
 - A full range of evaluation, psychotherapy, and consultative services are available.
 - Residents function as part of a BHIP team, meeting with Veterans to determine treatment needs and providing consultative services.
 - Assessment services can include cognitive screenings, personality assessment, intelligence testing, ADHD diagnostic assessments, health psychology evaluations, and capacity evaluations.
 - Individual, marital/couples, family, and group therapies are available, based on clinical indications. Some of the current therapy groups include: Cognitive Processing Therapy, Seeking Safety, Dialectical Behavioral Therapy, Anger Management, Grief, Interpersonal, and psychoeducational groups.
 - The goal of the residency is for each resident to have a highly varied caseload, not only in terms of population and psychopathology, but also in terms of the psychological knowledge and skills required to meet the Veteran's needs.
- **Primary Care - Mental Health Integration (PCMHI)**
 - PCMHI is a mental health team embedded in the primary care setting to receive warm hand-offs from primary care staff. The team includes health psychologists, clinical social workers, and a psychiatrist working collaboratively with medical staff in a fast-paced environment.
 - Referred patients are seen within minutes of referral unless the patient opts for a later scheduled appointment.
 - PCMHI staff offer treatment in the primary care setting for multiple concerns, such as anxiety, depression, bereavement, adjustment disorder, stress, chronic pain, coping with illness, and lifestyle issues affecting mood and health.
 - The rotation emphasizes quick delivery of mental health services, effective communication among interdisciplinary staff, and attention to medical conditions and medication effects. Residents in PCMHI have opportunities for rapid assessment, co-facilitation of small groups and classes, consultation with medical providers, crisis intervention, and short-term therapy.
- **Whole Health**
 - Residents collaborate with a Health Psychologist with clinical emphasis on health coaching in service of health promotion and disease prevention.
 - A variety of programs are offered including the MOVE! Program which focuses on diet/nutrition education and healthy weight management as well as Tobacco Cessation, Chronic Pain Management, Sleep, Mindfulness and Meditation, and Tinnitus Management. Services may be provided in individual and group contexts.
 - Assessment opportunities are available including pre-spinal cord stimulator, pre-organ transplant, and pre-bariatric surgery evaluations.
 - Additional opportunities through Whole Health include staff education about health and wellness or experience with heartrate variability biofeedback (HeartMath) under supervision.

- **Home-Based Primary Care (HBPC)**

- The HBPC team operates similarly to a primary care clinic, but provides all needed services in the Veteran's home. The team is a multidisciplinary group that includes a Nurse Practitioner, a Nurse Case Manager, an Occupational Therapist, a Physical Therapist, a Dietician, a Social Worker, and of course, a Psychologist.
- Enrolled Veterans must be home-bound, meaning that the Veteran has functional deficits, such as mobility or sensory impairments, that make it difficult or impossible for the Veteran to leave the home without significant assistance. In addition, the Veteran must have a primary diagnosis that is medical in nature.
- Common medical conditions include Chronic Obstructive Pulmonary Disease (COPD), Parkinson's Disease, various types of cancer metastasis, Cerebral Vascular Accident (CVA), severe Traumatic Brain Injury (TBI), Diabetes, and dementia. Residents also work with Veterans suffering from less common diseases such as Huntington's Chorea and Amyotrophic Lateral Sclerosis (ALS), often referred to as Lou Gehrig's Disease.
- Many Veterans have concurrent mental health symptoms that the resident is responsible for assessing, diagnosing, and treating. Most typically seen are mood disorders, panic, PTSD, and anxiety. Common interventions include helping Veterans cope with chronic illness and lifestyle changes, assisting Veterans in understanding and actively participating in their treatment plan, and providing stress management skills training to caregivers.
- Opportunities exist for evidence-based practices, such as Cognitive Processing Therapy for PTSD (CPT) and Acceptance and Commitment Therapy for depression (ACT), as well as behavioral health treatment of chronic pain, tobacco use, and tinnitus.
- Residents learn to perform decisional capacity evaluations for health care decisions, choosing a health care power of attorney, and choosing to live independently.
- This rotation focuses on the provision of empirically supported mental health interventions and the role of a psychologist in an integrated approach between primary care providers and mental health providers.

- **Acute/Chronic Psychiatric Units**

- A 23-bed acute unit provides short-term inpatient treatment for a mental health conditions (e.g., severe depression, relapsing psychotic disorders, acute PTSD episodes, detoxification of substance abuse disorders). The primary treatment goal is stabilization and discharge into continuing outpatient care or transfer to more specialized residential care as needed. Direct admissions, transfers from other units within the hospital, and transfers from regional hospitals are accepted.
- A 23-bed chronic unit is for Veterans requiring longer-term psychiatric hospitalization including Veterans with severe psychiatric and behavioral problems that interfere with community placement and Veterans needing additional stabilization and treatment.
- Rotation provides a broad range of clinical experiences. Residents provide short-term/problem-focused individual and group psychotherapy, conduct psychological evaluations (e.g., diagnostic, cognitive screening, capacity, etc.), participate in interdisciplinary treatment team meetings, participate in family sessions, and provide consultation to the treatment team as appropriate.
- Opportunities exist for unit programming and didactic participation based on length of rotation and individualized training goals.



- **Psychosocial Rehabilitation Recovery Center (PRRC)**

- The PRRC assists Veterans with serious mental illness and significant functional impairment in their recovery journeys. PRRC programs seek to help Veterans integrate more fully into the community, make progress towards self-determined goals, and participate in meaningful life roles.
- The PRRC is an outpatient transitional learning center where Veterans can learn skills that aid them in this process and in promoting personal wellness.
- The PRRC offers classes on a variety of topics, such as Social Skills Training, Illness Management and Recovery, Seeking Safety, Wellness Recovery Action Planning, Get Moving! Get Well!, and Coping Skills.
- Additional services offered include peer support services, psychotherapy, nursing consultation, care coordination, and Veteran-centered recovery planning.
- Residents have the opportunity to become a member of a multidisciplinary treatment team, to facilitate or co-facilitate PRRC classes, to serve as a program Recovery Coach for Veterans, and to provide psychotherapy. Residents may also have the opportunity to engage in program development and evaluation.

- **Trauma Services**

- **Posttraumatic Stress Disorder Clinical Team (PCT)**

- The PCT is devoted to the treatment of Veterans presenting with PTSD due to combat, childhood abuse, accidents/disasters, and other traumatic events.
- The clinic offers a range of services including psychoeducational groups, coping-based therapies, and trauma-focused evidenced-based practices.
- Residents develop specialized skills to assess and differentiate trauma sequelae; co-facilitate and/or lead psychoeducational and trauma-focused group therapies including CPT; and provide individual CPT or PE to appropriate Veterans.

- **Military Sexual Trauma (MST)**

- The Military Sexual Trauma (MST) is a recovery-based program with utilization of evidenced-based treatments to assist both male and female Veterans with MST in their recovery process.
- Residents in this rotation participate in all stages of treatment, including conducting MST intakes, doing individual therapy, and co-facilitating a wide variety of groups (MST Education, Seeking Safety, DBT skills, Shame Resilience, ACT, and CPT).
- Residents may also assist with various outreach events across the hospital.

- **Posttraumatic Stress Disorder-Residential Rehabilitation Treatment Program (PTSD-RRTP)**
 - The PTSD-RRTP offers a 23-bed, 6-week, residential program for the treatment of male and female combat Veterans with combat-related PTSD.
 - The multidisciplinary team is comprised of staff from psychology, psychiatry, social work, nursing, medicine, and support services.
 - Residents co-facilitate an extended CPT group several times per week and provide psycho-educational groups or classes. Residents also go on therapeutic exposure outings in the community and participate in weekly interdisciplinary staff meetings.
 - Additional opportunities, including exposure to non-traditional treatment approaches such as tai chi, yoga, and acupuncture, are available according to resident's training needs and time considerations.



- **Addiction and Recovery**

Residents selecting the Addiction and Recovery rotation gain clinical experience in outpatient and residential environments. Both programs follow a combined psychotherapy, psychoeducation, and aftercare approach to treatment.

- **Substance Abuse Services (SAS)**
 - SAS is an outpatient service that includes Early Skills Training for those who are new to recovery, Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Seeking Safety, Relapse Prevention, Intensive Outpatient Programming (IOP), and Recovery Support.
- **Substance Abuse-Residential Rehabilitation Treatment Program (SA-RRTP)**
 - SA-RRTP is a 35-bed residential treatment unit for Veterans with substance use disorders and dual diagnoses. The interdisciplinary team includes psychology, psychiatry, social work, nursing, substance abuse counseling, vocational rehabilitation, and support services. The program utilizes cognitive-behavioral relapse prevention techniques, motivational interviewing, and other evidenced-based interventions.
 - Residents participate in the multidisciplinary team process, individual and group psychotherapy, screenings for SA-RRTP, psychodiagnostic interviews, and psychoeducational programming. Residents may also have the opportunity to participate in program development and in-service training.

- **Suicide Prevention (SP)**

- The rotation focuses broadly on increasing understanding of VA SP resources, the functions of the SP team, and on suicide risk assessment and management skills.
- Activities include attending weekly team meetings, case managing Veterans with a High Risk Flag (HRF), responding to Veterans Crisis Line (VCL) calls, and reviewing records to provide recommendations about the assignment, renewal, or discontinuation of a HRF.
- Residents may be called upon to act as a liaison between trainees and SP staff to best coordinate information and training, and are in an excellent position to provide consultation to other teams and providers about SP services.
- Attendance at an Applied Suicide Intervention Skills Training (ASIST) workshop, as well as monthly M&M events are expected. Residents often present at these M&Ms for the department.
- This rotation offers a unique opportunity for program development and related small research projects. Residents are encouraged to select a question or topic of interest that addresses a need within the SP program. Possible topics might include:
 - Developing a protocol for managing high frequency VCL callers.
 - Hospital-wide training for staff (recognizing and assessing for risk, appropriate documentation, when and how to submit a consult for review by the SP team).
 - Considering how DBT principles for managing suicidality can be incorporated and applied within the VA system.
 - Researching information and organizing findings about suicide risk within special populations.
 - Developing an “FAQ” or quick resource folder for providers hospital-wide to assist in responding to questions about suicide risk, documentation, contacts and resources, etc.
- Optional activities may include participation in SP outreach events, helping develop materials for a monthly SP mailing, responding to consultative requests for unique cases, and assisting in the development and facilitation of staff trainings.
- Several training opportunities are available. Examples have included Veterans in Pain training by American Chronic Pain Association and online teleconferences relating to suicide and/or management of risk factors.

- **Psychological Assessment**

- The rotation (only available as a minor rotation) allows a deeper assessment experience without electing for a full 6-month neuropsychology rotation.
- A key component is increasing knowledge and clinical skill with a core set of common measures (MMPI-2/RF, RBANS, PAI, Rorschach, etc.) across a number of referral contexts. The goal is to deepen assessment knowledge and skill through an increased and focused assessment experience based on the Resident’s training goals.
- Possible assessments of focus may include health psychology evaluations (pre-surgery evaluations, transplant assessments), brief cognitive evaluations, psychiatric diagnostic clarity assessments, ADHD assessments, and capacity evaluations.
- Trainees on this rotation learn to accurately administer, score, and interpret various instruments and generate reports using precise language. Evidence-based assessment and advanced interpretive knowledge are stressed.
- At least 8 evaluations are expected to be completed. Assessment type and tests used are based on interests and training needs of individual Resident.

- **Neuropsychology**

- The Neuropsychology department includes six neuropsychologists (three of whom are board certified), two psychometrists, and one support staff.
- Rotations may occur at the main Salisbury campus or in either of our large Health Care Centers (HCCs) in Charlotte or Kernersville.
- Assessment services include evaluations for ADHD, differential diagnosis (type of dementia, dementia vs. mental health etiology), cognitive impairment secondary to neurological condition (Parkinson's, multiple sclerosis, post-stroke), head injury and blast exposure, pre-surgery (DBS, organ transplant), and capacity evaluations. On occasion, Polytrauma evaluations may be available.
- Veterans served range in age from 20s through 90s with most presenting as medically complex with numerous comorbidities.
- Cases are specifically selected based on the resident's training goals; they are NOT assigned based on clinic need. The resident works with the supervisor to identify the types of cases and training experiences that best benefit their development.

- **Cognitive Rehabilitation**

- Provides experience implementing cognitive rehabilitation techniques with Veterans in individual and group formats. Cognitive Rehabilitation focuses on teaching and implementing compensatory strategies to improve daily functioning. Groups meet weekly and are designed to provide psychoeducation about cognition, instruction on compensatory strategies, and homework to reinforce skills. Individual session focus on tailoring strategies and techniques to target weaknesses.
- Veterans range in age and present with a variety of conditions including mild/major neurocognitive disorder, TBI/PTSD, and ADHD, and older Veterans who would like to learn more about the cognitive aging process and strategies for successful aging.
- This is offered as a 6-month mini-rotation (7-8 hrs/wk) only. The resident selects the programs of interest including FACT, SmartThink, a Managing ADHD in Adulthood group, and individual patients as available.
- The FACT (Functional Adaptation and Cognitive re-Training) program is a multidisciplinary team intervention designed for Veterans with a concussion or mild/moderate brain injury who continue to have cognitive complaints. Small groups focus on compensatory strategies, psychoeducation, social comprehension and skill development, and vocational skills.
- The second FACT program is SmartThink, a large group available to any Veteran who would like to improve memory, attention, or other cognitive function. It covers 6 modules including Healthy Brain, Sleep, Attention, How Memory Works, How to Improve Memory, and Problem Solving.



- **Geropsychology**

- The Community Living Center (CLC) is a 120-bed inpatient facility which provides long-term care for elderly and disabled Veterans, rehabilitation services for Veterans recovering from illness or injury, and specialized care for Veterans with dementia. The CLC offers a unique opportunity for residents to work with older adults with complex medical, social, and psychiatric conditions.
- The Hospice/Palliative Care program is a 12-bed inpatient hospice unit which affords residents the opportunity to obtain experience in addressing psychological issues faced by Veterans and their families at the end-of-life.
- The geropsychology training experiences emphasize the opportunity to collaborate with interdisciplinary teams and aim to help residents develop specialized knowledge and skill competencies in the psychological assessment and treatment of older adults.

RESEARCH

The Salisbury VAMC is a key site in the Mid-Atlantic Mental Illness Research, Education and Clinical Center (MA-MIRECC), one of 10 MIRECC centers nation-wide which act as major translational research programs for the VA. Residents may choose to participate in post-deployment mental health and traumatic brain injury research and collaborate with the two MIRECC research fellows. Additionally, collaboration among the Residents at the Hefner VAMC, other VAMCs in VISN 6, and Wake Forest School of Medicine offer a wide breadth of research opportunities.

DIDACTICS and ADDITIONAL TRAINING EXPERIENCES

Residents spend an average of 4 hours per week in seminars and didactic activities. All seminars and didactic activities support the program's efforts to produce practitioner-scholars capable of translating theory, knowledge, and scientific inquiry into practice. Didactic offerings incorporate the application of an empirical knowledge base to case formulation, including awareness of multicultural and diversity issues, treatment planning, and treatment implementation.

- **Didactics**

- Residents choose from a series of EBP trainings at the beginning of the year to have the opportunity to implement those skills during the residency. Other EBP overviews and trainings are provided throughout they year to ensure familiarity with a wide variety of interventions. Ongoing supervision in the delivery of these therapies develop competence. These therapies may include but are not limited to:
 - Cognitive Processing Therapy (CPT)
 - Prolonged Exposure (PE)
 - Eye Movement Desensitization and Reprocessing (EMDR)
 - Cognitive Behavioral Therapy for Depression (CBT-D)
 - Acceptance and Commitment Therapy (ACT)
 - Interpersonal Psychotherapy (IPT)
 - Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
 - Problem Solving Therapy (PST)
 - Motivational Interviewing and Motivational Engagment Therapy (MI/MET)
 - Social Skills Training (SST)
 - Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD)
- The **Psychology Seminar Series** is taught by doctoral-level psychology staff, supplemented occasionally by other relevant disciplines such as Pharmacy or Psychiatry.

- Residents may choose to attend alternating weekly 1½ hour **Neuropsychology Seminars and Functional Neuroanatomy Seminar Series** which focus on understanding the biological and psychological functioning of the brain. Seminars are structured for the postdoctoral level and for Houston Conference Guidelines for postdoctoral training in neuropsychology for the MIRECC Fellows. Seminars involve a mix of guest speakers, didactics, group discussion, and board certification mock exams. Beginning in 2016, this seminar expanded nationally, with numerous other training sites videoconferencing in to attend as hosted by the Salisbury site.
- A required monthly **Diversity Video-Teleconference (V-Tel)** is offered solely to post-doctoral residents by a consortium of 12 VAMCs around the country. Each month, a presentation and discussion focuses on a different aspect of diversity.
- In addition to the above, residents attend an ongoing series of **Continuing Education Workshops**, organized by the Northwest Area Health Education Center (NW AHEC) of Wake Forest University's School of Medicine. These monthly workshops are presented by visiting mental health professionals for three to eight hours depending on the topic. These seminars cover topics specifically requested by Mental Health and Behavioral Sciences staff. There are also monthly scheduled Psychiatry Grand Rounds from Wake Forest University which are available and broadcasted via V-Tel equipment in the outpatient mental health clinic. There are also monthly Psychiatry Journal clubs which faculty and trainees may attend.
- Residents also select from a variety of specialized topics of virtual monthly national conferences to attend covering such topics as PTSD, geropsychology, Best Practices, Measurement Based Care, and other speciality topics.



- **Additional Training Experiences**

- Residents supervise the 6 psychology interns in weekly clinical group supervision and monthly peer supervision. Residents have opportunities to engage in individual layered supervision of other trainees in the delivery of clinical services.
- Three additional opportunities are available for Residents to gain specialized experience in clinical hypnosis, biofeedback, and family therapy. The time commitment for these options must be negotiated out of the other rotations.
- The **Clinical Hypnosis Seminar** is a one-year commitment which meets 90 minutes a week for the entire training year. During the first half of the year, participants are exposed to the history, theory, phenomena, and controversies of contemporary hypnotic practice. Various inductions and the uses of clinical hypnosis are learned through didactic, observational, small group experiential, and clinical practice. During the second half of the year, seminar participants begin to see Veterans for clinical hypnosis, as appropriate to participant skill level and interests. Supervision and instruction is provided by the Clinical Hypnosis Consultation Team, made up of Dr. John Hall (contact person), Dr. Christina Vair, Mr. Bill Hayes, Ms. Sara Kennedy, Ms. Becky Norman, and Dr. Yoshiko Yamamoto.
- **Biofeedback** gives the resident experience implementing Heart Rate Variability Biofeedback (HRV Biofeedback). HRV Biofeedback is a non-pharmaceutical intervention that is an adjunctive treatment for a variety of conditions including PTSD, anxiety disorders, chronic pain, insomnia, and stress management. The resident will undergo 20 hours of training in the proper implementation of HRV biofeedback, and will primarily utilize biofeedback tools and techniques in Whole Health and BHIP rotations
- The **Marriage, Couples, Family Therapy (MCFT)** gives the resident experience in co-facilitating therapy as well as receiving live supervision and feedback. Initially, the resident would be paired with a staff psychologist. As the training year progresses, residents may be paired with other trainees. The therapy sessions are observed by other psychology and mental health staff and students as part of the training process. Feedback is provided to the therapists by the observation team and provided to the couple/families by the therapists. Residents have the opportunity to be a co-therapist or observer for a variety of cases, including a multi-family group.
- Although the residency year is devoted to the development of clinical skills, an optional **research experience** is available. Research at the Salisbury site of the Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC) focuses on neuropsychology and neuroimaging of post-deployment conditions. For residents with interest in completing a research project with the MIRECC, an individualized experience is tailored. This is based on available projects in the MIRECC at that time, number of trainees interested, and individual resident goals and interests. A variety of possible projects are identified, and the resident selects a project to join. A typical experience includes attendance to lab meetings monthly to update progress, participating in writing meetings, contributing to a manuscript to earn co-authorship, and/or presentation at a conference or meeting. Time expectation is 2 hours per week, lasting through the completion of the project which may occur outside of the standard 40 hour/week tour.

SUPERVISION

Over seventy psychologists comprise the core faculty and supervisory staff of the residency program (see section on Training Faculty). Residents are assigned a primary supervisor for the entire training year and at least two secondary supervisors for six months each. Residents receive at least one hour of individual supervision from each supervisor each week. Residents also receive weekly group supervision with the Training Director to discuss clinical issues, particularly the implementation of evidenced-based practices. Thus, residents receive at least 3 hours of formal supervision each week and supervisors are also available for emergent consultation as needed.



Supervisors assist the resident in establishing a caseload, adjusting to work in the clinical arena, and acquiring the types of experiences necessary for that particular individual to grow in the role of psychologist. Live observations rooms, audiotapes, videotapes, and telehealth platforms may be used in the supervision process. Supervisors mentor the resident via modeling (teaching and supervising the skills and professional demeanor appropriate to that particular setting). Supervision transitions from directive to a more collegial style as the resident progresses toward independent practice. Supervisors ensure that the resident's objectives are met and write midterm and final evaluations of resident performance, incorporating the feedback of any psychologists who provide additional supervision.

ADMINISTRATIVE POLICIES AND PROCEDURES

The stipend for the year is \$46,929. No unfunded or part-time positions are available. At the time of this publication, funding is available for two residents. The Hefner VAMC Psychology Residency program has established due process procedures for the training program (these are detailed in our Psychology Training Program, MH & BS Service Line Memorandum 11M-2-00-6). Our program does not require self-disclosure as part of the training year application process or training year activities. We collect no personal information about you when you visit our website.

Residents receive 10 federal holidays, up to 5 days of administrative leave for continuing education/conference attendance, and 15 days of leave for illness, vacation, or personal time. The VA has also added healthcare insurance as a benefit for VA residents. Borrowing privileges and extensive use of computerized library search services are available from the VAMC and Wake Forest Libraries.

Health Professions Trainees (HPT), including residents, may be subject to random drug testing. VA will initiate dismissal from against any trainee who is found to use illegal drugs, including marijuana, on the basis of a verified positive drug test. Dismissal will be initiated against any trainee who refuses to be tested. HPTs are required to receive all vaccinations listed on the CDC's list of recommended

vaccines for healthcare workers, including COVID-19 and flu vaccinations (Meningococcal not required for psychology). Applicants should ensure they are able to meet this requirement prior to application. [Recommended Vaccines for Healthcare Workers | CDC](#)

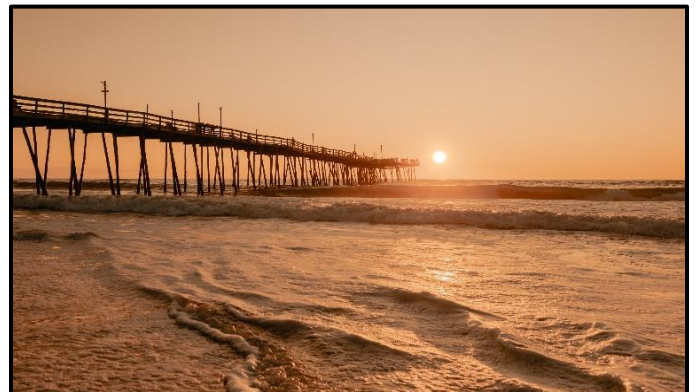
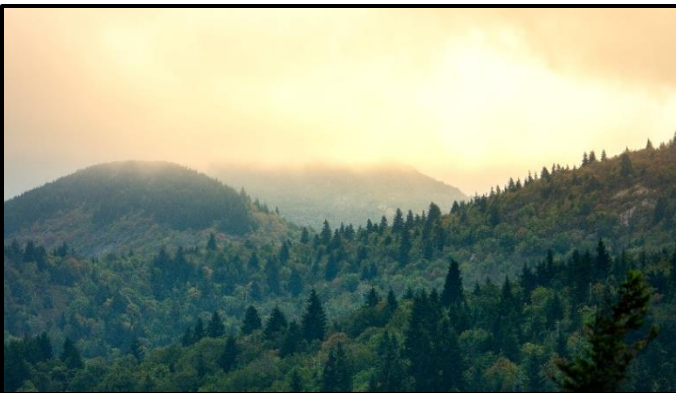
HPTs are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

LOCAL INFORMATION

The W.G. (Bill) Hefner Veterans Affairs Medical Center is located in Salisbury, North Carolina. Salisbury is nestled in the rolling hills of the Central Piedmont region and is a small city of approximately 34,000 with significant historical and natural attractions. The larger metropolitan areas of Charlotte, Winston-Salem, and Greensboro are all within a 45-minute drive. Beach and mountain resort areas are easy weekend trips with lakes and many fine golf courses in close proximity. The pleasant climate and relatively affordable cost of living make the area a popular relocation or retirement area.

While providing all the attractions of a small town, Salisbury also offers many big city amenities including a symphony, an art gallery, local live theater, children's theater, historic museums, and opportunities for dining and entertainment. The nearby metropolitan areas offer many additional cultural opportunities including theater, opera, regional fairs and festivals, and professional sports. Carowinds and the National Whitewater Center are both located in Charlotte. For sports enthusiasts, Charlotte is home to the Carolina Panthers NFL team and the Charlotte Hornets NBA team. Kannapolis, NC is home to the Chicago White Sox Single A minor league team, the Intimidators, and downtown Charlotte is the home of the White Sox AAA team, the Charlotte Knights, and the minor league AHL hockey team, the Charlotte Checkers. Many well known collegiate teams, including UNC-Chapel Hill and Duke, are also found in the Carolinas. Concord, NC is home to Charlotte Motor Speedway, where two major NASCAR races are held yearly. Concord also has a historical downtown area and Concord Mills, a popular shopping mall, and Great Wolf Lodge and Water Park which attracts visitors from throughout the southeast. The Charlotte area has consistently ranked in recent top 10 lists of popular moving destinations for millennials.

Salisbury is easily accessible from Interstate 85. Air travel is convenient through either of two major airports (the Charlotte-Douglas International Airport or the Piedmont Triad Airport). Amtrak train service and bus lines are also available.



PSYCHOLOGY STAFF

Locations: VAMC = Veterans Administration Medical Center; HCC = Health Care Center.

Programs: BHIP = Behavioral Health Interdisciplinary Program; HBPC = Home-Based Primary Care; MST = Military Sexual Trauma; PCMHI = Primary Care-Mental Health Integration; PRRC = Psychosocial Rehabilitation and Recovery Center; PCT = PTSD Clinical Team; SA-RRTP = Substance Abuse Residential Rehabilitation Treatment Program.

Interests: ACT = Acceptance and Commitment Therapy; CPT = Cognitive Processing Therapy; DBT = Dialectical Behavioral Therapy; IPT = Interpersonal Therapy; PE = Prolonged Exposure; TBI = Traumatic Brain Injury.

Name	Title	Degree (Date)	Interests
Laura M. Abood, Ph.D.	PCMHI, Charlotte HCC	University of New York at Binghamton (1993)	Health Psychology; Interdisciplinary team work; Whole Health; Program development; Training; Geropsychology
John Allmond, Psy.D.	Suicide Prevention and Substance Abuse Services, Salisbury VAMC	Regent University (2009)	Health psychology; Suicide Prevention; Marriage and Family; Integration of Faith/Spirituality; CBT for Depression, Insomnia, and Chronic Pain
Patricia P. Ansbro, Psy.D.	BHIP, Salisbury VAMC; Marriage, Couples, and Family Therapy	Baylor University (1991)	IPT; Couples and family therapy; Anger Management; Interdisciplinary Team Functioning; ACT
Cheri Anthony, Ph.D.	Suicide Prevention Program Manager	University of Southern California (1989)	Suicide Prevention; Psychology Administration; Gerontology
Jacky Aron, Ph.D.	C&P, Kernersville HCC	Auburn University (1990)	Individual and group psychotherapy; PTSD and Anxiety disorders; CBT; CPT; PE; ACT
Shanyn Aysta, Psy.D., ABBP	Local Recovery Coordinator	Rosemead School of Psychology, Biola University (2001)	Recovery; Leadership Development; Object-relations psychotherapy; Integration of faith systems and psychotherapy; Supervision; Whole Health Coaching
Karen Benson, Ph.D.	HBPC, Kernersville HCC	University of North Texas (2014)	Assessment and treatment of older adults; interdisciplinary collaboration; team-based behavioral interventions for dementia related behaviors; caregiver support; interventions for individuals with cognitive impairment
Frank Bettoli, Ph.D.	HBPC, Salisbury VAMC	University of Kentucky (1997)	Humanistic, Existential, and Interpersonal Therapy; Geropsychology; Trauma
Natalie Brescian, Ph.D.	Caregiver Support Program	Colorado State University (2010)	Geropsychology; Cognitive and capacity evaluation; Dementia; End-of-life issues; Interprofessional team development; Teaching; Medico-legal issues
Brandon Bryan, Psy.D.	Coordinator, PCT and PTSD-RRTP; Co-Training Director	Virginia Consortium Program in Clinical Psychology (2008)	Humanistic and CBT; Trauma and Resilience; Moral Injury
David L. Butler, Ph.D., ABN	Clinical Neuropsychologist, FACT and SmartThink Coordinator	Virginia Tech University (1982)	Neuropsychology; Cognitive rehabilitation; Sleep
Alexa Casey, Psy.D.	BHIP, Salisbury VAMC	SOPP – Wright State University (1994)	Emotional Resilience (STAIR); Trauma Focused Treatment; EMDR; DBT; Family and Couples Work; Virtual Reality Therapy; EAGALA Trained Therapist
Jessica Cloer, Psy.D.	HBPC, Charlotte HCC	Argosy University, Atlanta (2005)	Health Psychology; Geropsychology; Caregiver support; Trauma and Resilience
Meghan Cody, Ph.D.	Whole Health, Kernersville HCC	University of Virginia (2012)	Evidence-Based Practices; CBT; Integrated Care; Psychosocial Oncology; Health Psychology/Behavioral Medicine

Name	Title	Degree (Date)	Interests
Megan Constance, Psy.D.	BHIP/PCT, Charlotte HCC	Midwestern University (2019)	ACT; Mindfulness Based Interventions; PTSD/MST; Clinical Supervision
Lynda Cox, Psy.D.	BHIP, Kernersville HCC	Nova Southeastern University (1994)	Trauma; Substance abuse
Candace DeCaires-McCarthy, Psy.D.	PCT, Kernersville HCC; LGBT Point of Contact	Rutgers University (2014)	PTSD Recovery; Evidence Based Treatments; Couples Psychotherapy; LGBT issues and Telehealth
Ryan A. DeHaas, Ph.D.	BHIP, Salisbury VAMC; SA-RRTP	Rosalind Franklin University of Medicine and Science (2002)	Assessment and treatment of substance abuse and dual-diagnosis; Anxiety sensitivity and substance abuse; Health psych and B Med; Psychological adjustment to acute and chronic medical conditions
Sandra I. Dias, Ph.D.	VISN 6 Telemental Health Hub	New York University (2014)	Trauma; Adjustment to civilian world; CBT; ACT-D; Couple's therapy; Health psychology (i.e. chronic pain); Diversity and multicultural perspective; Working with female veterans
Herman Diggs, Ph.D.	HBPC, Kernersville HCC	Southern Illinois University at Carbondale (2014)	Assessment and treatment of older adults; PTSD; Substance Use Disorders; Motivational Interviewing
Kristie Earnheart, Ph.D.	HBPC, Charlotte HCC	University of North Texas/University of North Texas Health Science Center Consortium (2006)	Geropsychology; Medical Psychology; Death and Dying/End of Life Issues
Aaron Farley, Psy.D.	PCMHI, Salisbury VAMC	Regent University (2010)	CBT; Health psych; Marriage and Family; Solution Focused Therapy; Brief Treatments
Kara Felton, Psy.D.	BHIP, Charlotte HCC	Marywood University (2017)	Recovery-Oriented Treatment; Trauma and Resilience; Dual Diagnosis; STAIR; EBPs (e.g., CBT-SUD, CBT-CP, CPT, PE); SMI; Issues of Sexuality; Supervision
Nicole Freeman-Favia, Psy.D.	BHIP, Charlotte HCC	Wright State University School of Professional Psychology (2020)	DBT; Couples therapy; Mind Body Medicine; Insomnia; Whole Health; Older Adults
Megan Freese, Ph.D.	PCT, Salisbury VAMC; Telehealth Specialist	Illinois Institute of Technology (2009)	EBPs for PTSD (e.g., CPT, PE, CBCT); ACT; EBPs via telehealth technology; Parenting.
Elyse Freilich, Ph.D.	PCMHI, Charlotte HCC	Georgia State University (1992)	Process Oriented Therapies, specifically Family Systems; CBT; Brief Interventions; Case Conceptualization training; Treatment of Complex Trauma; PTSD; Sleep
Nancy Furst, Psy.D.	PCT, Charlotte HCC; Facility LGBT Coordinator; Telemental Health Coordinator	American School of Professional Psychology; D.C. (2013)	Trauma & PTSD; CBT; Mindfulness; ACT; Supervision and Training; Telemental Health; Transgender Health Care; Couples Therapy; EBPs
Angela Gonzalez-Gonyer, Psy.D.	PCT, Charlotte HCC	American School of Professional Psychology at Argosy University; Hawaii (2010)	CBT; Interpersonal process; Certified in EMDR, PE, CPT
Jennifer Haist, Ph.D.	PTSD/SUD Psychologist, Salisbury VAMC	West Virginia University (2014)	Evidence-based practices with emphasis on PTSD and SUD treatment; ACT; Mindfulness; Telemental health; Training and Supervision

Name	Title	Degree (Date)	Interests
John Hall, Ph.D., ABPP	WH Pain Psychologist, Charlotte CBOC	University of Louisville Clinical (1995)	Chronic and Acute Pain; Disability Mitigation; Clinical Hypnosis; Sexual Orientation and Gender Identity
Elizabeth Howarth, Ph.D., ABPP	PRRC Coordinator, Salisbury VAMC	Southern Illinois University Carbondale (2012)	SMI; Psychosocial Rehabilitation and Recovery; Diversity Issues
Cassie Hudson, Ph.D.	BHIP, Charlotte HCC; Employee Health Coordinator	University of North Carolina at Charlotte (2014)	Patient-Centered Care; Posttraumatic Growth (PTG); Recovery; Trauma; Health Psych; Interdisciplinary Teams; Training, Education & Supervision; Program/Systems Evaluation & Improvement; TBI
Christopher Hummel, Psy.D.	VISN 6 Telemental Health Hub		
Kristin Humphrey, Ph.D., ABPP	Assistant ACOS, Mental Health	Michigan State University (2007)	EBPs; PTSD; MST; Insomnia
Holly Hunley, Ph.D.	Psychology Program Manager; VISN 6 Telemental Health Hub	Loyola University – Chicago (2008)	PTSD/SUD; EBPs for PTSD, CPT and PE; CBT; Telemental Health, Virtual Care, and Technology in Care; Administration and Leadership; Treatment Outcomes; Program Evaluation
Lyssa Israel, Ph.D.	BHIP, Salisbury VAMC	Fairleigh Dickinson University (1996)	CBT; Trauma; LGBTQ; Mindfulness and Mindful Living
Alex Jadidian, Ph.D., ABPP	BHIP, Charlotte HCC	University of Florida (2014)	Cognitive Behavioral and Integrated Therapy; EBPs; ADHD
Sita “Chandana” Kanithi, Psy.D.	VISN 6 Telemental Health Hub	California Institute of Integral Studies (2007)	Recovery-Oriented Therapy; Mindfulness and Compassion; Whole Health and Integrative approaches to care; CBT
Rachael Kelleher, Ph.D.	BHIP, Kernersville HCC	University of North Carolina at Greensboro (2018)	Integrative approaches to clinical practice using a biopsychosocial perspective; CBT; ACT; DBT; Strength-based therapies; Compassion-focused Therapy
Richard Kennerly, Ph.D.	Coordinator, Neuropsychology	University of North Texas (2006)	Neuropsychological Assessment; Alzheimer’s Disease; TBI; ADHD; Cognitive Rehab; CES; Biofeedback
Matthew Konst, Ph.D.	Director, VISN 6 Telemental Health Hub	Louisiana State University (2008)	Autism; Intellectual Disabilities; Research on comorbid conditions; Trauma; Sleep disorders; TBI; CBT; dementia; Beekeeping
Seth S. Labovitz, Ph.D., CGP	BHIP, Salisbury VAMC	Ohio State University (1992)	Group Psychotherapy; Humanistic and Experiential Psychotherapy; Psychological Assessment
Amanda Landwehr, Psy.D.	PCT, Charlotte HCC	Nova Southeastern University (2021)	CBT; EBPs; Trauma and Resilience
Jennifer Luescher, Ph.D.	BHIP, Charlotte HCC	University of Florida (2004)	EBPs; Mindfulness; Resilience; Diversity and Inclusion
Carrie May, Psy.D.	WH Pain Psychologist, Kernersville HCC	Marshall University (2020)	Chronic Pain; B Med; Pain Management and Opioid Use; Biofeedback; CBT; Complimentary and Integrative Approaches to Health/ Wellbeing; Consultation and Liaison Psychiatry

Name	Title	Degree (Date)	Interests
Emelie McFarland, Psy.D.	Community Living Center (CLC), Salisbury VAMC; STAR-VA Behavioral Coordinator	Chestnut Hill College (2019)	Behavioral interventions for dementia; Aging and intersectionality; Care-partner support; Trauma and aging; Reminiscence and Life Review; ACT; Psychodynamic psychotherapy; Assessment
Holly Miskey, Ph.D., ABPP-CN	Neuropsychologist; Co-Director MIRECC Postdoctoral Fellowship; Co-Training Director	University of North Carolina at Greensboro (2013)	Executive functions; Prefrontal lobe functioning; PTSD and cognitive functioning; TBI; blast exposure
Kristina Nagy, Psy.D.	BHIP, Kernersville HCC	Wisconsin School of Professional Psychology (2020)	Health psychology; Chronic pain and sleep issues; Death and dying/end of life; CBT and Psychodynamic therapies; Assessment
Leah Powell, Ph.D.	BHIP, Charlotte HCC	Indiana State University (2006)	CBT; Trauma Focused Therapies; EMDR; Marital Therapy
Devon Redmond, Ph.D.	BHIP, Charlotte HCC	University of North Carolina at Chapel Hill (2010)	Cognitive behavioral therapy; Interpersonal psychotherapy; Depression; Anxiety; Autism Spectrum Disorder; ADHD; Learning Disorders; Anger management; CES; Biofeedback
Rebecca Resavy, Psy.D.	Neuropsychologist, Charlotte HCC	American School of Professional Psychology; D.C. (2013)	Dementia; Cultural intersectionality with aging; Capacity evaluations; Caregiver inclusion and support; Ethical considerations; Recovery oriented feedback; Disaster response
Julianne Y. Richard, Ph.D.	Acute/Chronic Inpatient Unit	Oklahoma State University (2018)	SPMI; Solution Focused Brief Therapy Interventions; MI; EBPs (PTSD, Schizophrenia, Social Skills Training, etc.); Training, Education, and Supervision; Psychological Assessment
Kevin Richard, Ph.D.	PTSD-RRTP	Oklahoma State University (2018)	Humanistic and CBT; Motivation and Emotion; Narrative Therapy; Cognitive Therapy; Solution Focused Therapy
Ashley Rose, Psy.D.	BHIP, Salisbury VAMC	Marshall University (2013)	Sleep intervention (IRT/CBT-I); CBT; Personality disorders; Trauma and Resilience; Rural health
Ramona Rostami, Ph.D.	Neuropsychologist, Salisbury VAMC	Fuller Graduate School of Psychology (2018)	Dementia; Cognitive Rehabilitation; Neuroanatomy
Meredith Rowland, Ph.D.	Coordinator, Transitional Residence House	Binghamton University (2009)	Substance abuse treatment; Exposure therapy; Behavioral psychology; Group psychotherapy; Psych assessment
Stephen Russell, Psy.D.	Psychology Program Manager, Salisbury VAMC	Regent University (2005)	Serious Mental Illness; Psychosocial Rehabilitation; Family/Marital Therapy; Religious/Spiritual Diversity
Ashley Sansone, Psy.D.	PRRC, Salisbury VAMC	Marshall University (2020)	SMI; Dual Diagnosis; Recovery-Oriented Treatment; Positive Psychology; Housing Concerns
Tamara Scott, Ph.D., MPH	Whole Health; Health Behavior Coordinator; Health Promotion Disease Prevention Program Manager; Charlotte HCC	University of North Carolina at Charlotte (2016)	Health Psych and B Med; CBT; Cultural adaptation of evidenced based interventions; Public Health; Program development
Chantal Seshadri, PsyD	VISN 6 Telemental Health Hub	Loyola College in Maryland in Clinical Psychology (2008)	Trauma; Early Childhood Mental Health; Fetal Alcohol Spectrum Disorders; CBT

Name	Title	Degree (Date)	Interests
Kossi Sevon, Psy.D.	BHIP, Kernersville HCC	Illinois School of Professional Psychology, Chicago (2017)	EBPs (CBT-D, PE, CPT, & DBT); Psych assessment; Anger management; Trauma/Stressor-related disorders; Anxiety & Depressive disorders; International psychology; Supervision
Robert Shura, Psy.D., ABPP-CN	Co-Director MIRECC Postdoctoral Fellowship; Polytrauma Neuropsychologist	Marshall University (2013)	Performance and Symptom Validity; TBI; ADHD; Psychometrics; Neuroanatomy
Amy Smith, Psy.D.	MST Coordinator; VISN 6 MST Point of Contact	Regent University (2010)	Treatment of PTSD including MST-related issues; Women's issues; ACT
J. David Spriggs, Psy.D.	BHIP, Kernersville HCC	Wheaton College (2001)	Couples therapy; Christian Counseling; Treatment of older adults; Cognitive Therapy
Raphael D. Thigpen, Psy.D.	BHIP, Charlotte HCC	Wright State University School of Professional Psychology (2002)	CBT; Health Psych; PTSD; Diversity/Multicultural Issues
Christina L. Vair, Ph.D.	Clinical Director, Whole Health	University of Colorado at Colorado Springs (2012)	Health psych; B Med; Complementary and Integrative modalities; MI; Clinician coaching/ interdisciplinary team facilitation; Program development; Implementation science; Health equity
Beth Broj Ward, Psy.D.	BHIP, Charlotte HCC	Nova Southeastern University in Clinical Psychology (2020)	ACT; DBT; CPT; Trauma Related Disorders
Ann Williams, Ph.D., ABPP	VISN 6 Telemental Health Hub	University of North Carolina at Greensboro (2012)	Assessment and treatment of PTSD; Evidence-Based Practices; Telemental Health; Multicultural Considerations; Resilience
Nicolas Wilson, Psy.D.	BHIP, Kernersville HCC	Forest Institute of Professional Psychology (2015)	PTSD; Substance abuse; OCD; Depression; Person-centered therapy; Motivational interviewing; Internal family systems; CPT, WET, CBT-I, DBT; Interpersonal psychotherapy
Yoshiko Yamamoto, Ph.D.	BHIP, Kernersville HCC	Fielding Graduate University (2009)	EBPs and Hypnosis for PTSD/Traumas, Anxiety, Depression, and smoking cessation; Mindfulness
Julia D. Yearwood, Psy.D.	BHIP, Charlotte HCC; Evidence Based Psychotherapy Coordinator	Florida Institute of Technology (2015)	EBPs; Chronic pain; Sexual orientation and gender identity; Program evaluation
Michael Zande, Ph.D.	VISN 6 Telemental Health Hub	Nova Southeastern Univeristy (1988)	CBT; IPT for Depression; Cognitive Treatment for Anxiety Disorders; Couples Therapy

PREVIOUS RESIDENTS' GRADUATE SCHOOLS

2022-2023

University of Tennessee – Knoxville

2021-2022

Our Lady of the Lake University

2020-2021

Marshall University

Wisconsin School of Professional
Psychology

2019-2020

La Salle University

2018-2019

Oklahoma State University

Rosemead School of Psychology, Biola
University

2017-2018

Argosy University, Chicago

University of Arkansas

2016-2017

University of Southern Mississippi

University of Tennessee - Knoxville

2015 – 2016

University of North Carolina-Charlotte

Regent University

2014 – 2015

University of Florida

Nova Southeastern University

2013 – 2014

Regent University

2012 – 2013

Argosy University, D.C.

2011 – 2012

Regent University

2010 – 2011

Tennessee State University

2009 – 2010

University of Missouri

2008 – 2009

Virginia Consortium Program in Clinical
Psychology

POSTDOCTORAL RESIDENCY ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT

Important information to assist potential applicants in assessing likely fit with the program:

Applicants who are a good fit for our program should have specific goals of which clinical skills they plan to further refine while in residency. Furthermore, applicants should be prepared to have a high degree of independence while engaging in service delivery across a variety of rotations.

Other required minimum criteria used to screen applicants:

- Be a U.S. citizen.
- US Selective Service System Registration, if applicable (see www.sss.gov).
- Be enrolled in/completed an APA-accredited clinical or counseling psychology program.
- Be enrolled in/completed an APA-accredited predoctoral internship.
- Highly regarded candidates have supervised experience with clinical interviewing, objective psychological assessment, and brief and long-term psychotherapy with a number of populations.
- Additional eligibility requirements: www.psychologytraining.va.gov/eligibility.asp

FINANCIAL AND OTHER BENEFIT SUPPORT FOR UPCOMING TRAINING YEAR

Annual Stipend/Salary for Full-time Residents	\$46,929
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for Resident?	Yes
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to Interns/Residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): 10 Federal holidays.	

INITIAL POST-RESIDENCY POSITIONS 2019-2022

(Aggregated Tally for the Preceding 3 Cohorts)

Total # of Residents who were in the 3 cohorts	4
Total # of Residents who remain in training in the residency program	0

Primary Setting	Employed position
Community mental health center	
Federally qualified health center	
Independent primary care facility/clinic	
University counseling center	
Veterans Affairs medical center	4
Military health center	
Academic health center	
Other medical center or hospital	
Psychiatry hospital	
Academic university/department	
Community college or other teaching setting	
Independent research institution	
Correctional facility	
School district/system	
Independent practice setting	
Not currently employed	
Changed to another field	
Other	
Unknown	